



**HUMAN RESOURCES OFFICE
TECHNICIAN / AGR ADMINISTRATIVE INSTRUCTION**

Number: 08-06

5 February 2008

REVIEW AND UPDATE BENEFICIARY FORMS

EXPIRES: 31 December 2008

1. It is time to review, and update as needed, your beneficiary forms. Unless you are absolutely sure your beneficiary forms have your designations current and up to date, you should update your designations of beneficiary forms. When in doubt, fill it out!
2. There are four separate and distinct beneficiary forms for Technicians on permanent and indefinite appointments, enclosures 1 through 5. Enclosure 1 is also used for temporary technicians.
 1. Designation of Beneficiary, Unpaid Compensation of Deceased Civilian Employee, SF1152, enclosure 1. This form designates the beneficiary of the technician's last pay check, unused annual leave and any other compensation due.
 2. Designation of Beneficiary, Federal Employees' Group Life Insurance (FEGLI) Program, SF2823, enclosure 2. This form designates life insurance beneficiaries and distributions by percentage, as well as, designation order.
 3. Designation of Beneficiary, Civil Service Retirement System (CSRS), SF 2808, enclosure 3. This form is for technicians in the CSRS retirement system and designates the beneficiary of accrued retirement funds and death benefits.
 4. Designation of Beneficiary, Federal Employees Retirement System (FERS), SF 3102, enclosure 4. This form is for technicians in the FERS retirement system and designates the beneficiary of accrued retirement funds and death benefits.
 5. Thrift Savings Plan (TSP), Designation of Beneficiary, TSP-3, enclosure 5. This form is for technicians eligible to participate in the TSP and designates the beneficiary of accrued TSP funds.
3. Forms may also be found at: <http://www.opm.gov/insure/designations/index.asp>.

TAAI 08-06, dated 5 Feb 2008

SUBJECT: Review and Update Beneficiary Forms

4. Completed forms should be forwarded to Human Resources Office, Customer Service (Box 37) or mailed to: Joint Forces Headquarters, Attn: CAJS-J1-HR-CS, 9800 Goethe Road (Box 37), Sacramento, CA 95826-9101.

5. Questions may be directed to your appropriate Remote Designee or OC William Anderson at CAGNET 6-3256, DSN 466-3256, (916) 854-3256 or via email at william.l.anderson1@us.army.mil Ms. Bobbi LeBallister at CAGNET 6-3062, DSN 466-3062, (916) 854-3062 or via email at bobbi.leballister@us.army.mil.

ENCL

as



STUART D. EWING

Captain, CA ANG

Deputy, Human Resources Officer

DISTRIBUTION:

Air: TA

Army: TA

Designation of Beneficiary

Unpaid Compensation of Deceased Civilian Employee

Important:
Read all instructions before
filling in this form

A. Identification

Name (Last, first, middle)	Date of birth (mm, dd, yyyy)	Social Security Number
Department or agency in which presently employed (or former department or agency):		
Department or agency	Bureau	Division
Location (City, state and ZIP code)		

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any **unpaid compensation** due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Date of designation (mm, dd, yyyy)	Your signature		Total = %

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Number and street	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

Receiving agency certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received	Signature	Date
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Type or print your return address to insure return

Enclosure 1

Important - The filing of this form will completely cancel any Designation of Beneficiary you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

Examples of Designations

1. HOW TO DESIGNATE ONE BENEFICIARY

Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	100%

2. HOW TO DESIGNATE MORE THAN ONE

Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50%

3. HOW TO DESIGNATE A CONTINGENT BENEFICIARY

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100%

4. HOW TO CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (See back of duplicate)

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

Designation of Beneficiary

Unpaid Compensation of Deceased Civilian Employee

Important:
Read all instructions before
filling in this form

A. Identification

Name (Last, first, middle)	Date of birth (mm, dd, yyyy)	Social Security Number
Department or agency in which presently employed (or former department or agency):		
Department or agency	Bureau	Division
Location (City, state and ZIP code)		

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any **unpaid compensation** due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Date of designation (mm, dd, yyyy)	Your signature		Total = %

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Number and street	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

Receiving agency certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received	Signature	Date
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Type or print your return address to insure return

IMPORTANT NOTICE – ORDER OF PRECEDENCE

If there is no designated beneficiary alive at the time of your death, any unpaid compensation owed you (that becomes payable after you die) will be paid to the first person or persons in the order listed below who are alive on the date that entitlement to the payment occurs.

1. To your widow or widower.
2. If neither of the above, to your child or children in equal shares. The share of any deceased child is distributed to the descendants of that child.
3. If none of the above, to your parents in equal shares or the entire amount to the surviving parent.
4. If none of the above, to the duly appointed legal representative of your estate. If there is none, to the person or persons entitled under the laws of the State or other domicile where you lived.

You do not need to designate a beneficiary unless you want to name some person or persons not listed above or you want the payment to be made in a different order.

INSTRUCTIONS

1. The examples on the back of the first page of this form may be helpful to you in filling out this form.
2. Except for signatures, you should type or print all entries in ink (typing is preferred). You should use this form for any designation of beneficiary or beneficiaries. The form must be signed and witnessed.
3. The form should be free of erasures or alterations to avoid a possible legal contest after your death.
4. You do not need to fill out a new form when your name or address changes or when the name or address of your beneficiary changes.
5. You must complete the form in duplicate and file it with your employing agency. To be valid, your agency must receive the completed form prior to your death. The duplicate will be annotated and returned to you as evidence that the original was received and filed with your agency. We suggest that you file the duplicate with your important papers.
6. You can cancel any prior Designation of Beneficiary form without naming a new beneficiary by completing a new form and inserting "Cancel prior designations" in the space provided for the name of beneficiary. This will change the payment to the order of payment described under "Order of Precedence."
7. This designation remains valid unless (a) you change or revoke it, (b) you transfer to another agency, or (c) you leave and then are reemployed by the Federal Government. If you are covered by (b) or (c), you must fill out a new form if you want to change the order of payment described under "Order of Precedence."

NOTE: If this form is not available, any designation, change or cancellation of beneficiary that is witnessed and filed according to these instructions will be valid.

This form is not to be confused with Standard Form 2808, Designation of Beneficiary, Civil Service Retirement System, Standard Form 2823, Designation of Beneficiary, Federal Employees' Group Life Insurance Program, or Standard Form 3102, Designation of Beneficiary, Federal Employees Retirement System.

Privacy Act Statement

Solicitation of this information is authorized by the Code of Federal Regulations, Part 178, Subpart B. The information you furnish will be used to determine the amount, validity, and the person(s) entitled to the unpaid compensation of a deceased Federal employee. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs to obtain information necessary for determination of entitlement under this program or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. Failure to furnish the requested information may delay or make it impossible for us to determine eligibility of payments.



Designation of Beneficiary
Federal Employees' Group Life Insurance (FEGLI) Program
(DO NOT erase or cross-out. Use a new form.)

Form Approved
OMB No. 3206-0136

Important:
Read instructions on the
Back of Part 2 before completing this form.

A. Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured (<i>Last, first, middle</i>)		Date of birth of Insured (<i>mm/dd/yyyy</i>)	Social Security Number of Insured
The Insured is: <i>Place an "X" in the appropriate box.</i>	<input type="checkbox"/>	an employee	If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number:
	<input type="checkbox"/>	a retiree	
	<input type="checkbox"/>	a compensationeer	
Department or agency where the Insured works (<i>If retired, last department or agency where the Insured worked</i>):			
Department or agency		Bureau or division	Location (<i>city, state, and ZIP code</i>)

B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (<i>Including ZIP code</i>)	Relationship	Percent or fraction designated
Total (Must equal 100% or 1.0) (Do not use dollar amounts) →				
<i>(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)</i>				

C. Statement of Insured or Assignee (type or print)

Your name and address (<i>Including ZIP code</i>) _____ _____ _____	Please check one: I am: <input type="checkbox"/> the Insured <input type="checkbox"/> an Assignee <i>See Back of Part 2 for definitions</i>	Please check all three: <input type="checkbox"/> I have not assigned the insurance. <input type="checkbox"/> Two people who witnessed my signature signed below. <input type="checkbox"/> I did not name either witness as a beneficiary.
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I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.

I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2).

I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

Signature of Insured/Assignee (<i>Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.</i>) This form is not valid unless the Insured/Assignee signs in this box.	Date (<i>mm/dd/yyyy</i>)
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D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)

Signature of witness	Address (<i>Including ZIP code</i>)
Signature of witness	Address (<i>Including ZIP code</i>)

E. For Agency Use Only

Receiving agency	Date of receipt (<i>mm/dd/yyyy</i>)	Signature of authorized agency official	Title
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Enclosure 2

Examples of Designations

- 1. How to designate one beneficiary** Show beneficiary's full name. Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Mary E. Brown	000-00-0000	214 Central Avenue Munice, IN 47303	Niece	100%

- 2. How to designate more than one beneficiary** Be sure that the shares to be paid to the several beneficiaries add up to 100 percent or 1.0. Read instructions on the Back of Part 2 if you need more room.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Jose P. Lopez	111-11-1111	360 Williams Street Red Band, NJ 07701	Nephew	one-half
Rosa L. Rowe	222-22-2222	792 Broadway Whiting, IN 46392	Mother	one-half

- 3. How to designate a contingent beneficiary** (Someone to receive the benefits if the person you designate dies before the Insured dies)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
John M. Parrish, if living	333-33-3333	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	444-44-4444	810 West 180th Street New York, NY 10033	Sister	100%

- 4. How to designate different beneficiaries for Basic and Optional insurance** You cannot designate Option C - Family.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Leroy D. White	555-55-5555	124 Elm Street Dayton, OH 45420	Father	100% Basic
Jane M. Smith	666-66-6666	421 Spring Avenue Portland, ME 04101	Sister	100% Option A
Elizabeth J. Allen	777-77-7777	234 Fifth Avenue New York, NY 10029	Daughter	50% Option B
Ann J. Borden	888-88-8888	678 Ninth Street Philadelphia, PA 19123	Daughter	50% Option B

- 5. How to designate an inter vivos trust (A trust that you set up during your lifetime)**

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Trustee(s) or Successor Trustee(s) as provided in the John Q. Public Trust Agreement dated 12/18/1999, if valid. Otherwise to:			Trustee	100%
Mary E. Brown	000-00-0000	214 Central Avenue Munice, IN 47303	Niece	100%

- 6. How to designate a testamentary trust (A trust that is set up when you die, according to terms in your will)**

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Trustee(s) or Successor Trustee(s) as provided in my Last Will and Testament, if valid. Otherwise to:			Trustee	100%
Maria Sufuentes	999-99-9999	5909 Pacific Avenue, NW Washington, DC 20019	Niece	100%

- 7. How to cancel all designations of beneficiary**

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Cancel prior designations				



Designation of Beneficiary
Federal Employees' Group Life Insurance (FEGLI) Program
(DO NOT erase or cross-out. Use a new form.)

Form Approved
OMB No. 3206-0136

Important:
Read instructions on the
Back of Part 2 before completing this form.

A. Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured (<i>Last, first, middle</i>)		Date of birth of Insured (<i>mm/dd/yyyy</i>)	Social Security Number of Insured						
The Insured is: <i>Place an "X" in the appropriate box.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30px; text-align: center;"><input type="checkbox"/></td><td style="padding-left: 5px;">an employee</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding-left: 5px;">a retiree</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding-left: 5px;">a compensationner</td></tr></table>	<input type="checkbox"/>	an employee	<input type="checkbox"/>	a retiree	<input type="checkbox"/>	a compensationner	If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number:	
<input type="checkbox"/>	an employee								
<input type="checkbox"/>	a retiree								
<input type="checkbox"/>	a compensationner								
Department or agency where the Insured works (<i>If retired, last department or agency where the Insured worked</i>):									
Department or agency		Bureau or division	Location (<i>City, state, and ZIP code</i>)						

B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (<i>Including ZIP code</i>)	Relationship	Percent or fraction designated
Total (Must equal 100% or 1.0) (Do not use dollar amounts) →				
<i>(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)</i>				

C. Statement of Insured or Assignee (type or print)

Your name and address (<i>Including ZIP code</i>) _____ _____ _____	Please check one: I am: <input type="checkbox"/> the Insured <input type="checkbox"/> an Assignee <i>See Back of Part 2 for definitions</i>	Please check all three: <input type="checkbox"/> I have not assigned the insurance. <input type="checkbox"/> Two people who witnessed my signature signed below. <input type="checkbox"/> I did not name either witness as a beneficiary.
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid. I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2).</div><div style="width: 50%;">I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2. I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.</div></div>		

Signature of Insured/Assignee (<i>Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.</i>) This form is not valid unless the Insured/Assignee signs in this box.	Date (<i>mm/dd/yyyy</i>)
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D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)

Signature of witness	Address (<i>Including ZIP code</i>)
Signature of witness	Address (<i>Including ZIP code</i>)

E. For Agency Use Only

Receiving agency	Date of receipt (<i>mm/dd/yyyy</i>)	Signature of authorized agency official	Title
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Part 2 - Duplicate

INSTRUCTIONS: The Insured or assignee must sign this form. Two people must witness the signature and sign as witnesses. The Insured's agency (or U.S. Office of Personnel Management [OPM], if the Insured is an annuitant or insured as a compensator) must receive the designation before the Insured's death. A person with a power of attorney or other similar legal authority may not sign for the Insured or assignee. A witness cannot be a beneficiary. The agency or OPM, as appropriate, must receive certified court orders involving FEGLI on or after July 22, 1998, and before the Insured's death.

Please read the additional instructions below before completing this form.

"You" and "your" refer to the person completing this form (the Insured or an assignee). The "Insured" is the insured employee, annuitant or compensator. The "Assignee" is a person(s), firm(s), or trust(s) (usually named on an Assignment form, RI 76-10) who owns and controls the Insured's life insurance coverage. An assignment is not the same as a designation of beneficiary.

Who receives benefits when the Insured dies? By law, the Office of Federal Employees' Group Life Insurance (OFEGLI) pays benefits in this order:

- ❖ If the Insured assigned ownership of his/her insurance (usually by filing an RI 76-10, *Assignment of Life Insurance*), OFEGLI will pay:
 - First*, to the beneficiary(ies) the assignee(s) validly designated;
 - Second*, if none, to the assignee(s).
- ❖ If the Insured did not assign ownership and there is a valid court order (see 5 Code of Federal Regulations Part 870) on file with the agency or OPM, as appropriate, OFEGLI will pay benefits according to the court order.
- ❖ If the Insured did not assign ownership and there is no valid court order on file with the agency or OPM, as appropriate, then OFEGLI will pay:
 - First*, to the beneficiary(ies) the Insured validly designated;
 - Second*, if none, to the Insured's widow or widower;
 - Third*, if none of the above, to the Insured's child or children and the descendants of any deceased children (a court will usually have to appoint a guardian to receive payment for a minor child);
 - Fourth*, if none of the above, to the Insured's parents in equal shares, or the entire amount to the surviving parent;
 - Fifth*, if none of the above, to the court-appointed executor or administrator of the Insured's estate;
 - Sixth*, if none of the above, to the Insured's other next of kin entitled under the laws of the State where the Insured lived.

Do I have to designate a beneficiary? No. But if you want OFEGLI to pay differently than listed above and you have not assigned the life insurance and there is no valid court order on file with the agency or OPM, as appropriate, you need to designate a beneficiary.

What if one of the beneficiaries dies or is disqualified for any reason? Unless you indicate otherwise on your designation of beneficiary, OFEGLI will distribute that beneficiary's share equally among the surviving beneficiaries, or entirely to the sole survivor.

What if none of the beneficiaries is living when the Insured dies? OFEGLI will pay the benefits according to the order of precedence listed above.

Can I cancel or change this designation at any time? Yes, you may cancel or change your designation at any time, without the knowledge of or consent of the beneficiary(ies), unless you assigned the insurance or there is a valid court order on file with the agency or OPM, as appropriate.

Is a change or cancellation of beneficiary in my last will or testament valid? It is valid only if you sign your will, two people who witnessed your signature sign your will, and your agency (or OPM, for retirees or insured compensations) receives your will before the Insured's death.

What if I don't know a beneficiary's social security number? If you don't know the number, leave it blank. But having the number helps speed up the payment of benefits.

Can a witness receive benefits as a designated beneficiary? No.

Who can I name as a beneficiary? You may name any person, firm, corporation or legal entity (except an agency of the Federal or District of Columbia government).

Can I use a common disaster clause? Yes. A common disaster clause is a statement that says that a designated beneficiary is entitled to the benefits only if he/she survives the Insured by a specified minimum number of days. The number of days cannot exceed 30. You can name a contingent beneficiary. If you don't name a contingent and your beneficiary does *not* live long enough to qualify, OFEGLI will pay according to the order listed in the first column.

Can I designate a trust? Yes. See examples 5 and 6 on the Back of Part 1. Those examples name a contingent beneficiary in case the trust is not valid. You don't have to name a contingent beneficiary unless you want to. If the trust is not valid, and you do not name a contingent, OFEGLI will pay according to the order listed in the first column.

When is a designation canceled? A designation of beneficiary is automatically canceled 31 days after the Insured stops being insured. It is also canceled if either the Insured or assignee assigns the insurance or if the Insured or assignee submits another valid designation.

What if the Insured elected a full living benefit? Then there is no Basic left. So if you want to designate different types of insurance to different beneficiaries (see example 4 on the Back of Part 1), you should only list Option A and Option B.

Who can sign this form? The Insured or Assignee (if applicable) must sign this form. The signature of a guardian, conservator or other fiduciary (including, but not limited to, those acting according to a Power of Attorney or a Durable Power of Attorney) is *not* acceptable.

What if I erase or cross out something on this form? You should complete another form. Erasures, cross-outs and alterations cause a delay in the payment of benefits and may make the entire designation invalid.

What if I need more room? Write "See Attached" in Part B of the form. Use a blank sheet. Print your name, date of birth and social security number at the top of the attachment. List the information required in Part B for each beneficiary. Sign the form and attachment. Have the same two people witness both of your signatures and sign the form and attachment.

Where can I get more information? The FEGLI Handbook (RI 76-26) and FEGLI Booklet (RI 76-21 or RI 76-20 for Postal employees) contain more information. You can read them at www.opm.gov/insure/life.

Where should I send this form? Send it to the Insured's employing agency if the Insured:

- ❖ is an employee; or
- ❖ has been receiving compensation payments from the Office of Workers' Compensation Programs for less than 12 months and is still on the agency's rolls as an employee.

Send it to the Office of Personnel Management, Retirement Operations Center, P.O. Box 45, Boyers, PA 16017-0045 if the Insured:

- ❖ is a retiree; or
- ❖ is receiving compensation payments from the Office of Workers' Compensation Programs and is not still employed or has been receiving compensation payments for at least 12 months.

The agency or OPM will note receipt in section E of the form and return a copy to you as evidence that it received and filed the original.

Properly completed designations are not valid unless the appropriate office listed above receives them before the Insured's death.

Privacy Act and Public Burden Statements

Title 5, U.S. Code, chapter 87, Life Insurance, authorizes solicitation of this information. The Office of Federal Employees' Group Life Insurance (OFEGLI) will use the information you furnish to determine your beneficiary(ies) for benefits under the Federal Employees' Group Life Insurance Program. OFEGLI is not a Federal agency. It is staffed by employees of the contracted life insurance carrier. It may share this information with the Office of Personnel Management (OPM). Agencies and/or OPM will place this information in the Insured's Official Personnel Folder or retirement file. OPM or OFEGLI may disclose this information to other Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant or other benefit. It may also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs. In addition, to the extent this information indicates possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency.

We also ask for the Insured's Social Security Number to use it as an individual identifier in the Federal Employees' Group Life Insurance Program. Public Law 104-134 (April 26, 1996)

Keep Your Designation Current. Submit a New One If the Address of One of Your Beneficiaries Changes or If Your Intentions Change
(for example, due to a change in family status, such as marriage, divorce, death, birth, etc.).

requires that any person doing business with the Federal government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701.

While the law does not require you to supply all the information requested on this form, doing so will help in the prompt processing of your designation.

Agencies other than the Office of Personnel Management may have further routine uses for disclosure of information from the records systems in which they file copies of this form. If this is the case, they should provide you with any such uses which are applicable at the time you complete this form.

We think this form takes an average of 15 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Reports and Forms Coordinator, (3206-0136), Washington, D.C. 20415-7900. The OMB number, 3206-0136, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.



Designation of Beneficiary

Civil Service Retirement System

Important:
Read all instructions
before you use this form.

A. Identification

Name (last, first, middle)		Date of birth (mm/dd/yyyy)	Social Security Number
Place an "X" in the block that applies to you.	<input type="checkbox"/> An employee		If you are retired, give your claim number. CSA
	<input type="checkbox"/> Retired or an applicant for retirement		
	<input type="checkbox"/> Former employee eligible for retirement in the future		
Department or agency in which presently employed (or former department or agency):			
Department or agency	Bureau	Division	Location (city, state and ZIP code)

I, the person identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Civil Service Retirement System (CSRS) after my death. I understand that this designation of beneficiary will not affect the rights of any survivors who may qualify for annuity benefits after my death, cancels any previous designation of beneficiary, and remains in effect until I cancel it in writing.

I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason shall be distributed equally among the stated beneficiaries or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump sum becomes payable, this designation is void and payment will be made according to the order of precedence set by law.

B. Information Concerning The Beneficiaries (See Examples on the reverse of Part 1. Type or print clearly.)

First name, middle initial, and last name of each beneficiary ❶	Address (including ZIP code) of each beneficiary ❷	Relationship to you ❶	Share to be paid to each beneficiary

Date of designation (mm/dd/yyyy)	Your signature	Shares designated must equal 100%.
----------------------------------	----------------	------------------------------------

C. Witnesses (A witness is not eligible to receive payment as a beneficiary.)

We, the undersigned, certify that the person identified in A. above signed in our presence.

Signature of witness	Address (including ZIP code)
Signature of witness	Address (including ZIP code)

- ❶ We will pay to the person you designate, even if that person's name or relationship to you changes after you file this designation. For example, suppose you designate your spouse and then you two divorce and you marry someone else. We will pay any lump sum to your former spouse unless you submit another designation to cancel prior designations or to designate who we are to pay.
- ❷ We will write to the address you provide here to contact the person you designate. However, that person is obligated to get in touch with us after your death to ask us to make payment.

Type or print your return address so that we can return a copy for your file.

Your designation is not effective until OPM receives and certifies it. Mail **both** copies of your designation of beneficiary to:

**U.S. Office of Personnel Management
Retirement Operations Center
P.O. Box 45
Boyers, PA 16017-0045**

Important - The filing of this form will completely cancel any Civil Service Retirement System Designation of Beneficiary you may have filed before this date. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.

Examples

1. How to Designate One Beneficiary (Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" as the name of the beneficiary.)

<i>First name, middle initial, and last name of each beneficiary</i>	<i>Address (including ZIP code) of each beneficiary</i>	<i>Relationship to you</i>	<i>Share to be paid to each beneficiary</i>
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	① 100 %

2. How to Designate More Than One Beneficiary (Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.)

<i>First name, middle initial, and last name of each beneficiary</i>	<i>Address (including ZIP code) of each beneficiary</i>	<i>Relationship to you</i>	<i>Share to be paid to each beneficiary</i>
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	② 25 %
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25 %
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50 %

3. How to Designate A Contingency

<i>First name, middle initial, and last name of each beneficiary</i>	<i>Address (including ZIP code) of each beneficiary</i>	<i>Relationship to you</i>	<i>Share to be paid to each beneficiary</i>
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	① 100 %
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100 %

4. How to Cancel and Effect Payment Under Order of Precedence (See back of duplicate)

<i>First name, middle initial, and last name of each beneficiary</i>	<i>Address (including ZIP code) of each beneficiary</i>	<i>Relationship to you</i>	<i>Share to be paid to each beneficiary</i>
Cancel prior designations			

① "All" would also be acceptable.

② "One fourth," "one half," etc., would also be acceptable.

Instructions

Use this form **ONLY** if you are or were covered by the Civil Service Retirement System. If any portion of your service was under the Federal Employees' Retirement System, use Standard Form (SF) 3102. This Designation of Beneficiary form is used to designate who is to receive a lump-sum payment which may become payable after your death. It does not affect the right of any person who is eligible for survivor annuity benefits. Do not confuse this form with designation forms used for other types of benefits: SF 2823, Designation of Beneficiary, Federal Employees' Group Life Insurance Program; SF 3102, Designation of Beneficiary, Federal Employees' Retirement System; TSP-3, Federal Retirement Thrift Savings Plan Designation of Beneficiary; or SF 1152, Designation of Beneficiary, Unpaid Compensation of Deceased Civilian Employee.

Do not fill out this form until you have read the information and instructions below.

Important - The filing of this form will completely cancel any Designation of Beneficiary under the Civil Service Retirement System you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.

Order of Precedence

You do **not** need to make a designation if you are satisfied with the order of precedence the law provides and you do not have a certified designation on file. That order of precedence follows:

1. To your widow or widower.
2. If your widow(er) is deceased, to your child or children, with the share of any deceased child distributed equally among the descendants of that child.
3. If none of the above, to your parents in equal shares or the entire amount to the surviving parent.
4. If none of the above, to the executor or administrator of your estate.
5. If none of the above, to the next of kin under the laws of the State in which you live at the time of your death.

Payment of a lump sum will be made to the first person or persons listed above who are alive on the day you die.

Designating a Beneficiary

1. You can designate any person, firm, corporation, or legal entity as your beneficiary.
2. You can change your beneficiary at any time, without the knowledge or consent of a previous beneficiary, and this right cannot be waived or restricted.

3. A designation of beneficiary must be in writing, signed, and witnessed. To be valid the designation must be received and certified by the Office of Personnel Management before your death.
4. A witness to a designation of beneficiary is not eligible to receive payment as a beneficiary.
5. You cannot change or cancel a designation of beneficiary in a letter or in a last will or testament unless it is signed, witnessed, and filed as described in paragraph 3.
6. A designation of beneficiary remains in effect until (1) you cancel it by filing a new designation or (2) you receive a refund of your retirement deductions before retirement. To inform us if the name or address of a beneficiary changes, file a new designation of beneficiary. It may be important to file a new designation if your family situation changes.

Completing the Designation Form

1. The examples printed on the back of the first page of this form may be helpful to you in naming a beneficiary or canceling a prior designation of beneficiary.
2. If you designate more than one beneficiary, be sure that the shares to be paid add up to 100 percent. Do **not** use dollar amounts to indicate the shares.
3. Complete the form in duplicate. Type or print all entries except signatures.
4. Do not erase or alter entries.

Privacy Act Statement

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code). The information you furnish will be used to determine who will receive a lump-sum benefit in the event of your death. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs. to obtain information necessary for determination of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Executive Order 9397 (November 22, 1943) allows Federal agencies to use the Social Security Number as an individual identifier to distinguish between people with the same or similar names. Failure to furnish your Social Security Number may make it impossible for us to associate this designation of beneficiary with your records.

Public Burden Statement

We think providing this information takes an average of 15 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of SF 2808, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), OPM Forms Officer (3206-0142), Washington, D.C. 20415-7900. The OMB number 3206-0142 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.



Designation of Beneficiary

Federal Employees Retirement System

Form Approved
OMB No. 3206-0173

Important:
Read all instructions before
filling in this form

A. Identification

Name (Last, first, middle)		Date of birth (mm/dd/yyyy)		Social Security Number	
Place an "X" in the appropriate box:		<input type="checkbox"/> An employee	<input type="checkbox"/> Retired or an applicant for retirement	<input type="checkbox"/> Former employee eligible for retirement in the future	If you are retired give your claim number
Department or agency in which presently employed (or former department or agency):					
Department or agency		Bureau	Division	Location (City, state and ZIP code)	

I, the individual identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Federal Employees Retirement System (FERS) after my death, including lump-sum death benefits which may become payable based on amounts contributed to the Civil Service Retirement System (CSRS) before I became covered by FERS. I understand that this designation of beneficiary cancels any previous FERS or CSRS designation of beneficiary, and that it remains in effect until I cancel it in writing or I receive payment of my FERS retirement contributions.

I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason, shall be distributed equally among the stated beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump-sum payment becomes payable, this designation is void, and payment will be made according to the order of precedence set by law.

B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary ❶	Address (Including ZIP code) of each beneficiary ❷	Relationship to you ❶	Share to be paid to each beneficiary
Date of designation (mm/dd/yyyy)	Your signature		Total = 100%

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Address (including ZIP code)
Signature of witness	Address (including ZIP code)

Receiving agency certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received by agency (mm/dd/yyyy)	Signature	Date (mm/dd/yyyy)
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❶ We will pay to the person you designate, even if that person's name or relationship to you changes after you file this designation. For example, suppose you designate your spouse and then you two divorce and you marry someone else. We will pay any lump sum to your former spouse unless you submit another designation to cancel prior designations or to designate who we are to pay.

❷ We will write to the address you provide here to contact the person you designate. However, that person is obligated to get in touch with us after your death to ask us to make payment.

Type or print your return address so that we can return a copy to you.

See Back of Employee Copy For Instructions
On Where To File This Form.
(Retain until employee leaves Federal
service and then send to the Office of Personnel
Management [OPM].)

Part 1 - Original Copy

Enclosure 4

Important - The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees Retirement System or under the Civil Service Retirement System you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.

Examples of Designations

- 1. HOW TO DESIGNATE ONE BENEFICIARY** Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	100%

- 2. HOW TO DESIGNATE MORE THAN ONE BENEFICIARY** Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50%

- 3. HOW TO DESIGNATE A CONTINGENT BENEFICIARY**

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100%

- 4. HOW TO DESIGNATE AN INTER VIVOS TRUST (A trust that you set up during your lifetime)**

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary
Trustee(s) or Successor Trustee(s) as provided in the John Q. Public Trust Agreement dated 12/18/1999, if valid. Otherwise to:		Trustee	100%
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	100%

- 5. HOW TO DESIGNATE A TESTAMENTARY TRUST (A trust that is set up when you die, according to terms in your will)**

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary
Trustee(s) or Successor Trustee(s) as provided in my Last Will and Testament, if valid. Otherwise to:		Trustee	100%
Maria Sufuentes	5909 Pacific Avenue, NW Washington, DC 20019	Niece	100%

- 6. HOW TO CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (See back of employee copy)**

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary
Cancel prior designations			

Do not fill out this form until you have read the information and instructions below

Instructions

This Designation of Beneficiary Form is used to designate who is to receive a lump-sum payment which may become payable under the Federal Employees Retirement System (FERS). It does not affect the right of any person who is eligible for survivor annuity benefits. This form may not be used and will not be effective in any way to elect, or demonstrate the intent to elect, a survivor annuity for a spouse, former spouse, or an individual who has an insurable interest in an employee. Do not confuse this form with designation forms used for other types of benefits: Standard Form 2808, *Designation of Beneficiary - Civil Service Retirement System*; Standard Form 2823, *Designation of Beneficiary - Federal Employees' Group Life Insurance Program*; TSP-3, *Federal Retirement Thrift Savings Plan Designation of Beneficiary*; or Standard Form 1152, *Designation of Beneficiary - Unpaid Compensation of Deceased Civilian Employee*.

This form is only for employees and retirees under FERS. Employees and retirees under the Civil Service Retirement System (CSRS) must use Standard Form 2808, *Designation of Beneficiary - Civil Service Retirement System*. If you transferred from CSRS to FERS and previously filed an SF 2808, Designation of Beneficiary - Civil Service Retirement System, your SF 2808 is invalid. You must file a new designation using this form.

Important - The filing of this form will completely cancel any Designation of Beneficiary under FERS or CSRS (SF 3102 or SF 2808) you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries for FERS lump-sum death benefits, including lump sum payment of amounts you may have contributed to CSRS before becoming covered by FERS.

Order of Precedence

You do not need to make a designation if you are satisfied with the order of precedence that the law provides. That order of precedence follows:

1. To your widow or widower.
2. If your widow(er) is deceased, to your child or children, with the share of any deceased child distributed among the descendants of that child.
3. If none of the above, to your parents in equal shares or the entire amount to the surviving parent.
4. If none of the above, to the executor or administrator of your estate.
5. If none of the above, to your other next of kin under the laws of the State in which you live at the time of your death.

Payment of a lump sum will be made to the first person or persons listed above who are alive on the day you die.

Designating a Beneficiary

1. You can designate any person, firm, corporation, trust, or legal entity as your beneficiary.

If you want to designate a trust, see examples 4 and 5 on the back of Part 1. Those examples name a contingent beneficiary in case the trust is not valid. You don't have to name a contingent beneficiary unless you want to. If the trust is not valid, and you do not name a contingent beneficiary, OPM will pay according to the order listed under "Order of Precedence" above.

2. You can change your beneficiary at any time, without the knowledge or consent of a previous beneficiary, and this right cannot be waived or restricted.
3. A designation of beneficiary must be in writing, signed, and witnessed. If you are an employee, the designation must be received in your employing office prior to your death. If you are a separated employee, a retiree or a person receiving recurring payments from the Office of Workers' Compensation Programs (OWCP), the designation must be received by the Office of Personnel Management (OPM) prior to your death.
4. A witness to a designation of beneficiary is ineligible to receive payment as a beneficiary.
5. The person(s) named will be considered a beneficiary (beneficiaries) for both CSRS and FERS lump-sum benefits.

6. You cannot change or cancel a designation of beneficiary in a last will or testament unless it is signed, witnessed, and filed as described in paragraph 3.
7. A designation of beneficiary remains in effect until (1) you cancel it by filing a new designation, or (2) you receive a refund of your retirement deductions before retirement. To inform us if the name or address of a beneficiary changes, file a new designation of beneficiary. It may be important to file a new designation if your family situation changes.

Completing the Designation Form

1. The examples printed on the back of the first page of this form may be helpful to you in naming a beneficiary or canceling a prior designation of beneficiary.
2. If you designate more than one beneficiary, be sure that the shares to be paid to them add up to 100 percent.
3. Complete the form in duplicate. Type or print all entries except signatures. Do not use pencil.
4. Do not erase or alter entries.

Where to Submit the Completed Form

For employees: File this form with your employing agency, even if you are retiring.

For separated employees, retirees and individuals receiving recurring benefits from the Office of Workers' Compensation Programs (OWCP): If you have left Federal employment, if you are receiving recurring benefits from the Office of Workers' Compensation Programs, or if you have retired, file this form with the Office of Personnel Management, Retirement Operations Center, Federal Employees Retirement System, P.O. Box 45, Boyers, PA 16017-0045.

Your designation will not be effective until the date it is received by your employing agency (or OPM if you are not employed).

The employee copy of this form will be noted and returned to you as evidence that the original has been received and filed. Please keep the duplicate in a safe place along with your other important papers.

For the employing agency: File the Official Personnel Folder (OPF) copy on the right side of the OPF. If the employee leaves Federal service, send all FERS designations in the OPF to OPM.

Privacy Act and Public Burden Statements

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code) and the Federal Employees Retirement law (Chapter 84, title 5, U.S. Code). The information you furnish will be used to determine who will receive a lump sum benefit in the event of your death. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law.

Executive Order 9397 (November 22, 1943), authorizes the use of the Social Security Number. Failure to furnish the requested data may delay or make it impossible for us to determine how to make payment in the event of your death.

We think providing this information takes an average of 15 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of SF 3102, including suggestions for reducing completion time, to the U.S. Office of Personnel Management (OPM), OPM Forms Officer (3206-0173), Washington, D.C. 20415-7900. The OMB number, 3206-0173 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.



THRIFT SAVINGS PLAN DESIGNATION OF BENEFICIARY

TSP-3

Use this form to designate a beneficiary or beneficiaries to receive your civilian Thrift Savings Plan (TSP) account after your death. **Read the instructions on the back to assist you in completing this form.** Type or print the information requested. Do not alter this form or the information you enter; if you need to make a correction or change your entries, start over on a new form. If you have a uniformed services TSP account, you will need to make a separate TSP beneficiary designation for that account on Form TSP-U-3.

I. INFORMATION ABOUT YOU

1. Name _____
Last First Middle

2. _____ 3. _____ / _____ / _____ 4. (_____) _____ - _____
TSP Account Number Date of Birth (mm/dd/yyyy) Daytime Phone (Area Code and Number)

5. Address _____
Street address or box number

6. _____ 7. _____ 8. _____
City State/Country Zip Code

II. DESIGNATING YOUR BENEFICIARIES

Indicate in whole percentages or fractions the share of your TSP account to be paid to each beneficiary.

1. _____ Share: _____
Beneficiary Name (Last) (First) (Middle)

Street address or box number

City State/Country Zip Code

Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

2. _____ Share: _____
Beneficiary Name (Last) (First) (Middle)

Street address or box number

City State/Country Zip Code

Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

3. _____ Share: _____
Beneficiary Name (Last) (First) (Middle)

Street address or box number

City State/Country Zip Code

Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

☐ Check here if additional pages are used. Number of additional pages _____ (See back of form.)

III. YOUR SIGNATURE

Sign and date this section. Your signature must be witnessed in Section IV.

Participant's Signature _____ Date Signed _____

IV. WITNESSES TO SIGNATURE

This form is valid only if it is witnessed by two persons. The witnesses must be age 21 or older. (A witness cannot be a beneficiary of any portion of your TSP account.) By signing below, the witnesses affirm that the participant: (a) signed Section III in their presence, or (b) informed them that the signature in Section III is the participant's own signature.

Witness 1 _____
Typed or Printed Name of First Witness Signature of First Witness

Witness 2 _____
Typed or Printed Name of Second Witness Signature of Second Witness

Enclosure 5

INFORMATION AND INSTRUCTIONS

Make a copy of this form for your records. Mail the original to:

**Thrift Savings Plan
P.O. Box 385021
Birmingham, AL 35238**

Or fax the completed form to our toll-free fax number:

1-866-817-5023

If you have questions, call the (toll-free) ThriftLine at 1-TSP-YOU-FRST (1-877-968-3778) or the TDD at 1-TSP-THRIFT5 (1-877-847-4385). Outside the U.S. and Canada, please call 404-233-4400 (not toll free).

Your participant statements show the date of your most recent designation.

Designating a beneficiary. This Designation of Beneficiary form applies **only** to the disposition of your civilian Thrift Savings Plan (TSP) account after your death. It does not affect the disposition of your FERS Basic Annuity, your CSRS annuity, your uniformed services TSP account (if you have one), or any other benefits.

It is necessary to designate a beneficiary only if you want payment to be made in a way other than the following order of precedence:

1. To your widow or widower.
2. If none, to your child or children equally, and descendants of deceased children by representation.
3. If none, to your parents equally or to the surviving parent.
4. If none, to the appointed executor or administrator of your estate.
5. If none, to your next of kin who is entitled to your estate under the laws of the state in which you resided at the time of your death.

In this order of precedence, a child includes a natural child (even if the child was born out of wedlock) and a child adopted by the participant; it does not include a stepchild who was not adopted.

Note: If the participant's natural child was adopted by someone other than the participant's spouse, that child is not entitled to a share of the participant's TSP account under the statutory order of precedence. "By representation" means that if a child of the participant dies before the participant dies, that child's share will be divided equally among his or her children. "Parent" does not include a stepparent, unless the stepparent adopted the participant.

Making a valid designation. To name beneficiaries to receive your TSP account after you die, you must complete this form, and it must be received by the TSP on or before the date of your death.

Only Form TSP-3 is valid for designating a beneficiary to your civilian TSP account; a will is not valid for the disposition of a TSP account. You may, however, designate your estate or a trust as a beneficiary on Form TSP-3.

You are responsible for ensuring that your Form TSP-3 is properly completed, signed, and witnessed (See the Instructions for Sections II and IV in the right-hand column). Do not submit an altered form; if you need to correct or change the information you have entered on the form, start over on a new form.

Changing or cancelling your Designation of Beneficiary. This Designation of Beneficiary will stay in effect until you submit another valid Form TSP-3 naming other beneficiaries or cancelling prior designations. To cancel a Form TSP-3 already on file, write "Cancel prior designations" in Section II of a new Form TSP-3, sign and date the form, and have it witnessed.

Keep your designation (and your beneficiaries' addresses) current. If your family status changes due to marriage, birth or adoption of a child, divorce, or death, you may want to change your designation.

If your beneficiaries predecease you. The share of any beneficiary who dies before you die will be distributed proportionally among the surviving designated TSP beneficiaries unless a designated contingent beneficiary is alive at your death. If none of your designated beneficiaries is alive at the time of your death, the standard order of precedence will be followed.

INSTRUCTIONS FOR SECTION II. You may name as a beneficiary any person, corporation, trust, or legal entity, or your estate.

Note: If the beneficiary is a minor child, benefits will be made payable directly to the child.

If you need additional space, use a blank sheet of paper. Enter your name, TSP account number, and date of birth, and number the pages. You must sign and date **all** additional pages; the same two witnesses who signed the form must also sign each additional page.

Enter the share for each beneficiary as a whole percentage or a fraction. Percentages must total 100 percent; fractions must total 1.

The examples show you how to name a beneficiary or cancel prior designations of beneficiary(ies).

- For each person you designate as a beneficiary, enter the full name, share, address, Social Security number (SSN), date of birth, and relationship to you. If you do not have all the requested information, you must provide at least the beneficiary's name, the beneficiary's share, and either the beneficiary's SSN or date of birth.
- You may designate one or more contingent beneficiaries for each primary beneficiary you name on Form TSP-3. The contingent beneficiary(ies) will receive the primary beneficiary's share if the primary beneficiary dies before you do. (You cannot designate contingent beneficiaries for contingent beneficiaries.)
- If the beneficiary is a corporation or other legal entity, enter the name of the entity on the name line. Enter the legal representative's name and address on the address lines. Enter the Employer Identification Number (EIN). Leave the date of birth and relationship lines blank.
- If the beneficiary is a trust, enter the name of the trust on the name line. Enter the trustee's name and address on the address lines. Enter the EIN, if available. Leave the date of birth line blank. Enter "Trust" on the relationship line. **Note:** Filling out this form will not create a trust.
- If the beneficiary is your estate, enter the name of the estate on the name line. Enter the executor's name and address on the address lines. Enter the EIN, if available. Leave the date of birth line blank. Enter "Estate" on the relationship line.
- You may cancel a designation of beneficiary by printing "Cancel prior designations" on the name line. **Note:** If you do not submit another Form TSP-3, your account will be paid according to the order of precedence.

INSTRUCTIONS FOR SECTION IV. Do not ask the individuals you name as beneficiaries of your TSP account to witness your Form TSP-3. A person named as a beneficiary of this TSP account who is also a witness cannot receive his or her share of the account.

EXAMPLES OF DESIGNATING A BENEFICIARY

A. DESIGNATING ONE BENEFICIARY

1. **Morgan Katherine Anne** Share: **100%**
 Name (Last) (First) (Middle)
1279 Lake Avenue
 Street address or box number
New Orleans LA 70124
 City State/Country Zip Code
923-45-6789 06 / 22 / 1942 Sister
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

Enter the full name of the beneficiary. Do not write name as K. A. Morgan or as Mrs. Keith H. Morgan.

B. DESIGNATING MORE THAN ONE BENEFICIARY

1. **Larson Susan Maria** Share: **1/4**
 Name (Last) (First) (Middle)
4231 Oregano Street
 Street address or box number
Cincinnati OH 45239
 City State/Country Zip Code
934-56-7890 09 / 07 / 1950 Sister
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

Be sure that the shares to be paid to the beneficiaries total 100 percent if using percentages, or 1 if using fractions.

2. **Larson Elliott Harris** Share: **1/4**
 Name (Last) (First) (Middle)
4231 Oregano Street
 Street address or box number
Cincinnati OH 45239
 City State/Country Zip Code
945-67-8901 04 / 20 / 1952 Brother
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

If you use additional pages, be sure to put your name, TSP account number, and date of birth on each page. You and the same two witnesses who signed the form must sign each additional page. Put the date you signed the form on each additional page.

3. **Steinway Sarah Ruth** Share: **1/2**
 Name (Last) (First) (Middle)
P.O. Box 812
 Street address or box number
Covington KY 40117
 City State/Country Zip Code
956-78-9012 12 / 02 / 1960 Friend
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

C. DESIGNATING ONE OR MORE CONTINGENT BENEFICIARIES

1. **If living: Kraus Michael Thomas** Share: **100%**
 Name (Last) (First) (Middle)
6287 Laurel Post Drive
 Street address or box number
Stone Mountain GA 30058
 City State/Country Zip Code
967-89-0123 03 / 12 / 1936 Father
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

You may designate one or more contingent beneficiaries to receive a beneficiary's share if the primary beneficiary dies before you do. To identify the primary and contingent beneficiaries, you must write in "If living:" above the primary beneficiary's name and "Otherwise to:" above the contingent beneficiary's name. If there is more than one contingent beneficiary for a primary beneficiary, write in "And to:" above the second (and subsequent) beneficiary's name.

2. **Otherwise to: Kraus Cecilia Jean** Share: **50%**
 Name (Last) (First) (Middle)
6287 Laurel Post Drive
 Street address or box number
Stone Mountain GA 30058
 City State/Country Zip Code
978-90-1234 08 / 16 / 1968 Daughter
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

In this example, Melissa Richardson and Cecilia Kraus are both contingent beneficiaries for Michael Kraus.

3. **And to: Richardson Melissa Anne** Share: **50%**
 Name (Last) (First) (Middle)
9842 Magnolia Drive
 Street address or box number
Columbus GA 30161
 City State/Country Zip Code
989-01-2345 11 / 06 / 1970 Daughter
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

Note: If a named beneficiary dies, you may prefer to submit another Form TSP-3 to change your designation(s).

Detach here

EXAMPLES OF DESIGNATING A BENEFICIARY (continued)

D. DESIGNATING A CORPORATION OR LEGAL ENTITY

1. The XYZ Foundation Share: 100%

Name [Name of corporation or legal entity]

c/o Eleanor Jarvis, Legal Representative 64730 Connecticut Ave.

Street address or box number [Name of Legal Representative and Legal Representative's address]

Bethesda

MD

20815

City

State/Country

Zip Code

99-0123456

[Leave blank]

[Leave blank]

Social Security Number/EIN

Date of Birth (mm/dd/yyyy)

Relationship

E. DESIGNATING A TRUST

1. John P. Manos Trust Share: 100%

Name [Name of trust]

c/o Eric P. Manos, Trustee 1111 Delaware Lane

Street address or box number [Name of Trustee and Trustee's address]

New York

NY

14607

City

State/Country

Zip Code

92-3456789

[Leave blank]

Trust

Social Security Number/EIN

Date of Birth (mm/dd/yyyy)

Relationship

F. DESIGNATING AN ESTATE

1. Estate of Ruth R. Jones Share: 100%

Name [Name of estate]

c/o Marilyn D. McClain, Executor 150 Rossmoyne Drive

Street address or box number [Name of Executor and Executor's address]

Alameda

CA

94510

City

State/Country

Zip Code

93-1234567

[Leave blank]

Estate

Social Security Number/EIN

Date of Birth (mm/dd/yyyy)

Relationship

G. CANCELLING A DESIGNATION OF BENEFICIARY

1. Cancel prior designations Share: _____

Name (Last)

(First)

(Middle)

Street address or box number

City

State/Country

Zip Code

Social Security Number/EIN

Date of Birth (mm/dd/yyyy)

Relationship

This will cause your account to be paid according to the order of precedence (unless you submit another Form TSP-3).

Be sure your form cancelling prior designations is signed, dated, and witnessed.

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. We will use this information to identify your TSP account and to process this form. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. We may share the information with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a

statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may disclose relevant portions of the information to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.